**APPLICATION FOR MEMBERSHIP 2019-2020**

*Please complete in* ***BLOCK CAPITALS****. All Information provided on this form will be treated privately and confidentially.*

|  |  |
| --- | --- |
| **OFFICE USE ONLY** | |
| Membership no. | Dated received: |
| Payment received: | Receipt no. |
| Details checked by: | Further action: |
| Updated on Salesforce: | Date: |

1. **ORGANISATION**

Club Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of premises: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worker-in-Charge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **MANAGEMENT COMMITTEE**

**CHAIR: Address Post Code Tel no Mobile**

Mrs/Mrs/Ms

Email address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECRETARY**:

Mr/Mrs/Ms  
Email address

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**TREASURER:**

Mr/Mrs/Ms

Email address

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1. **MEMBERSHIP DETAILS**

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| --- | --- |
| **Number of staff** | |
| Paid F/T Staff |  |
| Paid P/T Staff |  |
| Committee Members |  |
| Voluntary Staff  (Do not include ancillary staff) |  |
| **Total** |  |

|  |  |  |
| --- | --- | --- |
| **PREMISES:**  (Please enter appropriate code number in boxes) | | **PROVISION TYPE**  (Please tick) |
| TYPE Code | TENURE Code | Voluntary F/T 🞏 P/T 🞏  Controlled F/T 🞏 P/T 🞏  Is your provision registered with the Education Authority?  🞏 Yes 🞏 No  Charity Commission NI?  🞏 Yes 🞏 No Charity no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Purpose built Youth  Club 1  Exclusive Youth  premises 2  Church property 3  School youth wing 4  Community building 5  Council building 6  Other (please specify) 7  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **TYPE** | Owned by Club 8 Contribution to church 9  Rented 10 Leased & rented 11 School facilities 12  EA Youth Service 13  Other? 14  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **TENURE** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Membership (in numbers**) | | | **Opening Hours (hours in numbers)** | | | | | | | |
| Age range | Male | Female | Time | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
| 4-8 |  |  | Morning |  |  |  |  |  |  |  |
| 9-13 |  |  | Afternoon |  |  |  |  |  |  |  |
| 14-18 |  |  | Evening |  |  |  |  |  |  |  |
| 19-21 |  |  | **Does your club specialise in any kind of programme?** | | | | | | | |
| 22-25 |  |  |
| **Total** |  |  |

**Equality Monitoring**

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| --- | --- | --- | --- | --- | --- | --- |
| In order that Boys & Girls Clubs can fulfill its obligations to monitor the participation in youth activities of young people from minority groups in society, additional information is requested from our membership in three areas namely:  A.) Ethnic Origin B.) Disability and C.) Community background. Please provide this information as accurately as possible. | | | | | | |
| 1. **Ethnic background of the young people who access your services** | | | | | | |
| Ethnic Origin | White | Chinese | **Other Asian** | **Afro/Caribbean** | **Irish Travellers** | **Other** |
| Number |  |  |  |  |  |  |

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| 1. **Disability is defined as the “a physical or mental impairment which has substantial and long term adverse effect on a person’s ability to carry out normal day–to-day activities. Using this definition as a guide please state the number of members with a disability** |

|  |  |  |  |
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| 1. **Perceived religious affiliation of members ( in numbers)** | | | |
| **Perceived religion** | **Protestant** | **Catholic** | **Other** |
| **Number** |  |  |  |

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**Insurance**

Your committee must have adequate insurance cover for activities undertaken and staff employed.

Please indicate if you would like to further information on the Boys & Girls Clubs Insurance scheme

**If No, Please provide the relevant information**

**Insurance Certificate Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Public liability Employer’s Liability Buildings Equipment**

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**SAFEGUARDING - Child Protection**

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| **Does your organisation have a Child Protection Policy?**  Does your policy outline procedures for recruitment of staff?  Does your organisation undertake criminal record checks on all staff/volunteers prior to working with children?  Please indicate how your organisation obtains information on criminal record checks.  Tick appropriate option. A. Our organisation is registered with Access NI.  B. We obtain our checks through an umbrella organisation  Name of umbrella organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Boys & Girls Clubs reserves the right to verify that your club undertakes AccessNI checks with the organisation ticked above  **Groups are advised that it is an offence to knowingly employ a person who has been disqualified from working with children & young people.**  **Images/ Photography**  During our events/activities an authorised Boys & Girls Clubs' photographer may take photographic images of young people which may be used for marketing and promotional purposes by Boys & Girls Clubs (e.g. website, newsletters, brochures, posters etc.). Do you have parental consent and agreement to use photographic images for this purpose.  Yes No |

**D – CLUB DECLARATIONS**

**Policy and Membership Conditions**

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| **I have read Boys & Girls Club’s Criteria for Membership & Conditions of Affiliation and confirm on behalf of the membership and management committee that** (Name of Youth Organisation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **fully meet the conditions of membership as detailed for:**  Full Membership Associate Membership Access membership (1 event only)    and confirm that the following active policies and supportive documentation are maintained at our administrative premises:  Constitution Child Protection Equal Opportunities  Health & Safety Employers Liability Certificate |

**ANNUAL SUBSCRIPTION**

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| --- | --- | --- | --- |
| **We enclose the Annual affiliation fee of £40 (plus Insurance Premium if appropriate) :**  Please DO **NOT** SEND CASH Cheques/Postal Orders/Bank Giros ONLY Please.  BACS payment can be made to: Sort Code: 95-01-49 A/C No: 00078905  **PLEASE MAKE CHEQUES PAYABLE TO 'BOYS & GIRLS CLUBS'** | | | |
| **We are duly authorised signatories on behalf of our membership & management**  We agree to abide by the policies and rules of Boys & Girls Clubs and verify that to the best of our knowledge the information provided on this form is correct. All information Boys &Girls Clubs collect is in held in accordance with Data Protection legislation and detailed in our privacy notice. We use this information to ensure the communication you receive is relevant to your organisation and to provide the products and services we offer our member clubs We understand and agree that by signing the boxes below I/we consent to Boys & Girls Clubs holding and using the information provided on this form for all communication purposes.  Any two of the following signatures are required for processing this application. | | | |
| **Name**  **Position in Club** |  | **Signature**  **Date** |  |
| **Chair** |  |
| **Name**  **Position in Club** |  | **Signature**  **Date** |  |
| **Treasurer** |  |
| **Name**  **Position in Club** |  | **Signature**  **Date** |  |
| **Trustee** |  |
| **Name**  **Position in Club** |  | **Signature**  **Date:** |  |
| **Leader-in-Charge** |  |